

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 1035-3273
APPLICANT(S)

FILING DATE

CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3		1				
4		1				
5		1				
6		1				
7		1				
8		4				
9		4				
10		1				
11		1				
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TOTAL IND.	2					
TOTAL DEP.	28					
TOTAL CLAIMS	30					

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